

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 28/04/2022 15:33 (SGT)
Date of Accident 27/04/2022 14:30 (SGT)
Exact Location of Accident Outram Rd, Singapore
Additional Location Information OUTRAM ROAD TOWARDS CTE.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE4086H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VELLAYAPPAN BALASUBRAMANIAM
NRIC No SXXXX664G
Email Address VBALA0902@GMAIL.COM
Mobile Phone No (Phone) +65-90077901
Alternative Phone No +65-90077901

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1200

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05029475
Cover Note Number -

DRIVER

Name of Driver JOLYN TAN GHIM HUI
NRIC No SXXXX298E

Date Of Birth	18/04/1979
Occupation	Indoor
Date Of Driving Pass	14/01/1999
Driving experience	23 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98569219
Alt. Phone Number	-
Email Address	UTOLYN@GMAIL.COM
Address	37 BRIGHTON CRESCENT
Address complement	-
Postcode	559190
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SKU9806S
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ASHYR BALA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

MY VEHICLE IS STATIONARY WHEN SUDDENLY VEHICLE B COLLIDED INTO MY VEHICLE'S REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF286R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

x 

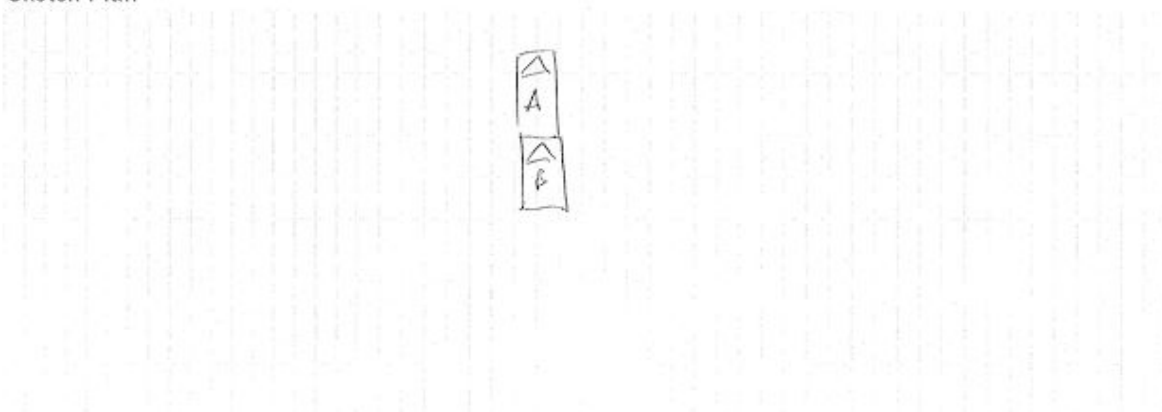
Policyholder's Signature / Date & Time



Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



SME

Describe Circumstances of the Accident

My vehicle is stationary when suddenly vehicle B collided into my vehicle's rear position.

Declaration

We declare the foregoing particulars are true in every respect.

x 
Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel







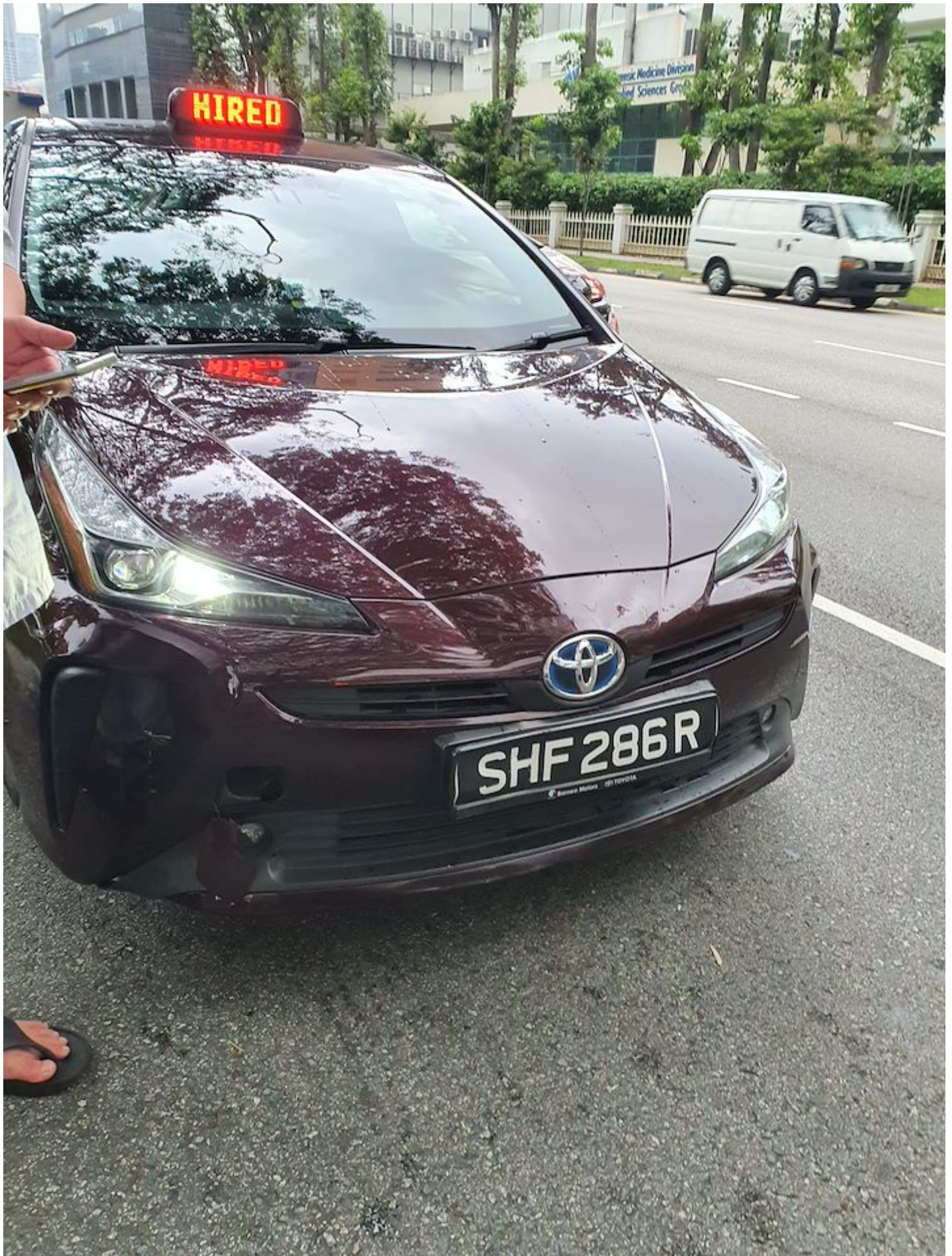




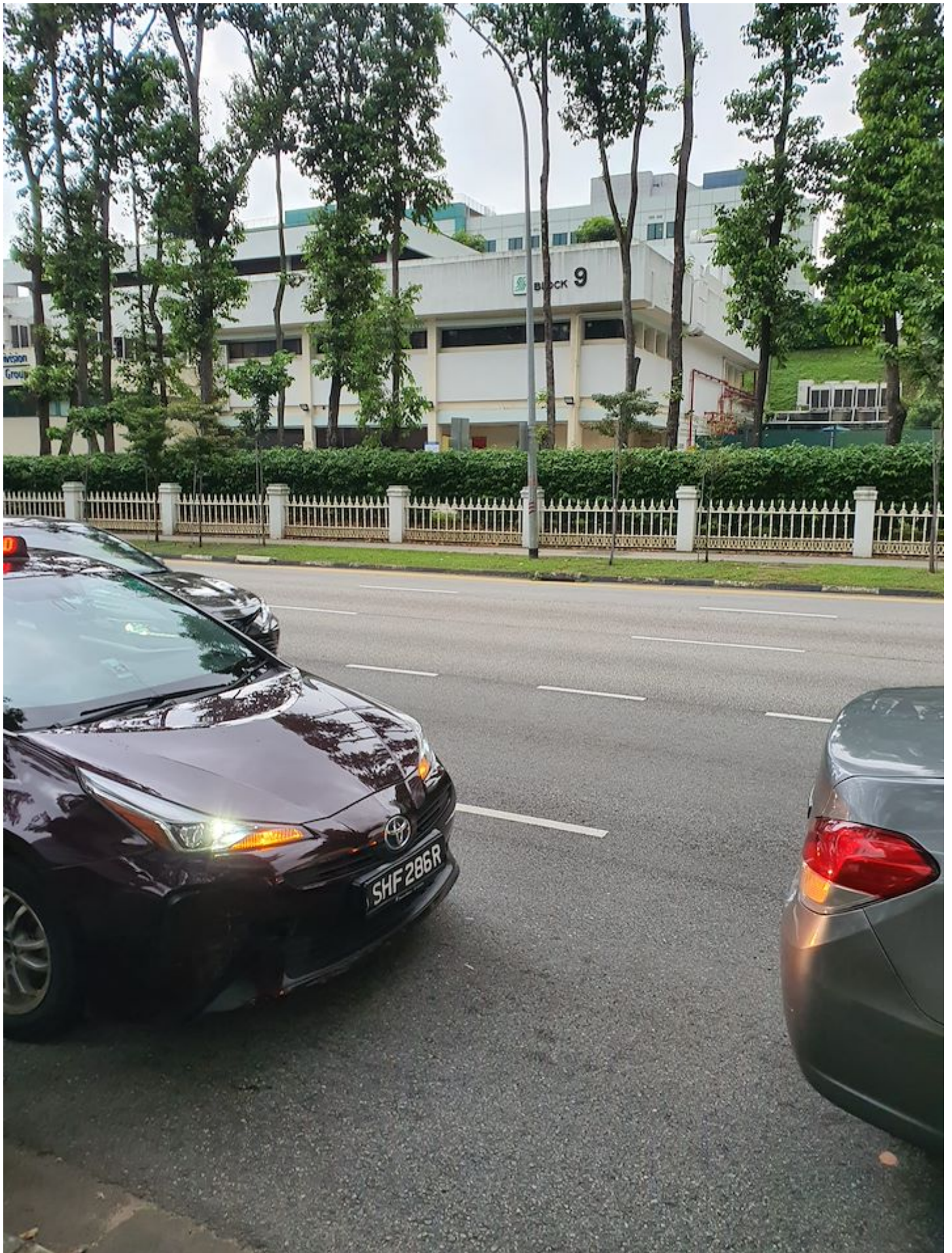


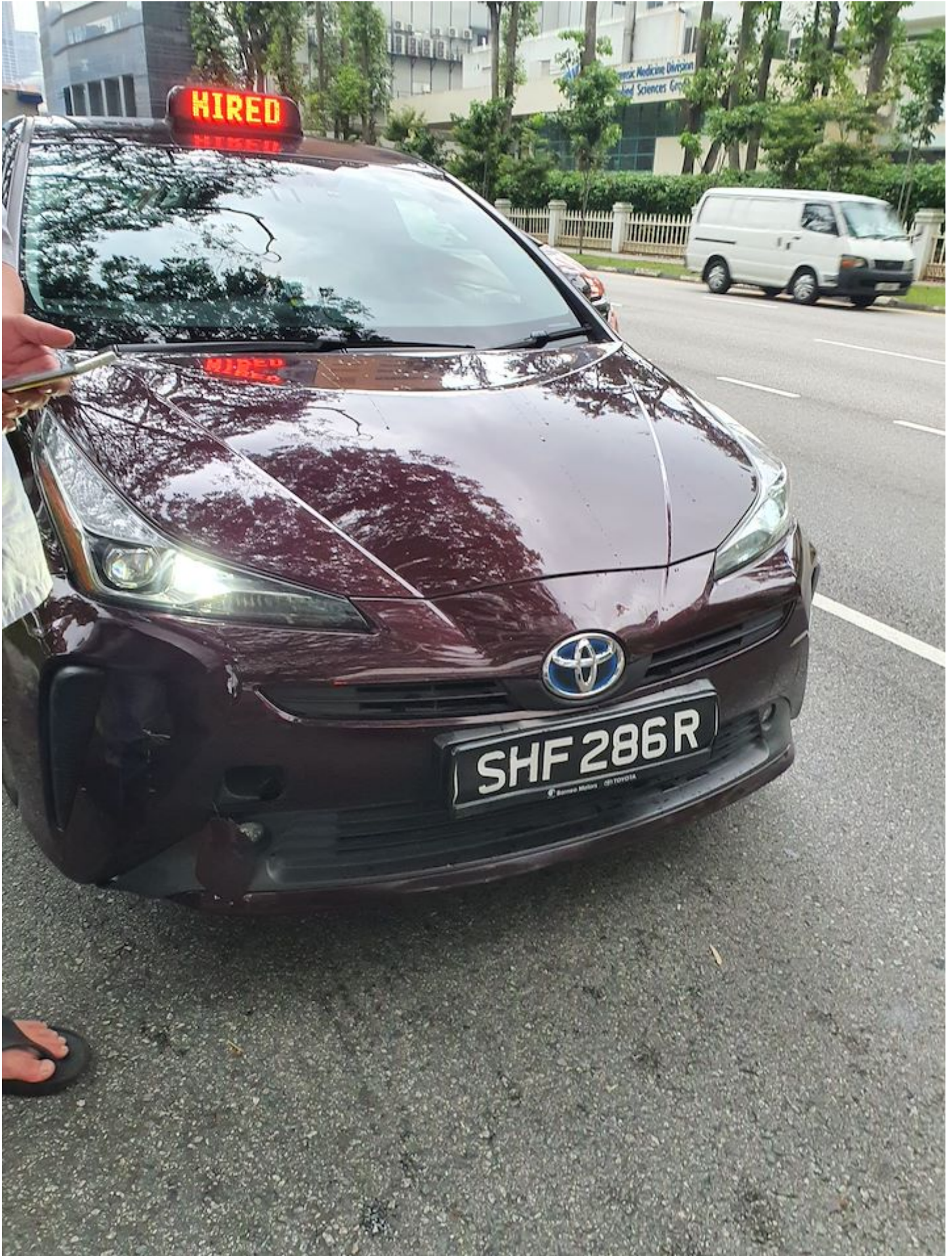













LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555.

Tel: (65) 6250 7388 Fax: (65) 6236 2767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy	: MOTOR CAREPLUS	Policy No.	: Z21VP05029475
Insured	: VELLAYAPPAN BALASUBRAMANIAM	Type of Cover	: COMPREHENSIVE
Address	: 37 37 BRIGHTON CRESCENT SINGAPORE 559190	Replacing CN/Policy No.	: Z20VP05026121
Business or Profession	: LAWYER	Account No	: Z10113

Period of Insurance

(a) From 21/07/2021 To 20/07/2022 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

Description of Vehicle	The Policy's Premium																																								
Vehicle/Trailer Regn. No : SLE4086H	<table border="1"> <thead> <tr> <th>Premium Component</th> <th>%</th> <th>Amount (\$)</th> <th>Total (\$)</th> </tr> </thead> <tbody> <tr> <td>Basic Premium</td> <td></td> <td></td> <td>1,922.33</td> </tr> <tr> <td>NCD</td> <td>-50.00%</td> <td>-961.16</td> <td></td> </tr> <tr> <td>OFD</td> <td>-5.00%</td> <td>-48.06</td> <td></td> </tr> <tr> <td>Workshop Discount</td> <td>-25.00%</td> <td>-228.28</td> <td></td> </tr> <tr> <td>Premium After Discount</td> <td></td> <td></td> <td>684.83</td> </tr> <tr> <td>Gross Premium</td> <td></td> <td></td> <td>684.83</td> </tr> <tr> <td>Actual Gross Premium</td> <td></td> <td></td> <td>684.83</td> </tr> <tr> <td>GST</td> <td>7.00%</td> <td>47.94</td> <td></td> </tr> <tr> <td>Premium Payable</td> <td></td> <td></td> <td>732.77</td> </tr> </tbody> </table>	Premium Component	%	Amount (\$)	Total (\$)	Basic Premium			1,922.33	NCD	-50.00%	-961.16		OFD	-5.00%	-48.06		Workshop Discount	-25.00%	-228.28		Premium After Discount			684.83	Gross Premium			684.83	Actual Gross Premium			684.83	GST	7.00%	47.94		Premium Payable			732.77
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Make & Model of Vehicle : MITSUBISHI ATTRAGE 1.2 (A)																																									
Type of Body : SALOON - 4 DR																																									
Engine No : 3A92UDG8586																																									
Chassis No : MMBSTA13AHH001201																																									
Year of Registration : 2016																																									
c.c./Tonnage : 1,193																																									
Seating Capacity : 5																																									
Sum Insured : MARKET VALUE																																									
Excess : \$0.00 (SECTION 1) INSURED / NAMED DRIVERS \$1,000.00 (SECTION 1) UNNAMED DRIVERS \$3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS \$100.00 WINDSCREEN EXCESS LONPAC'S AUTHORISED WORKSHOPS AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).																																									
Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS																																									